

## COLORADO WING CHECK REQUEST FOR UNITS BELOW WING LEVEL

DATE OF REQUEST: \_\_\_\_\_

DATE NEEDED BY: \_\_\_\_\_

UNIT NAME: \_\_\_\_\_

CHARTER NUMBER: RMR-CO- \_\_\_\_\_

ISSUE CHECK TO  
NAME OR COMPANY: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY, STATE ZIP: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

### ITEMIZED EXPENSES

LINE	DESCRIPTION	ACCOUNT NUMBER	AMOUNT
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
TOTAL AMOUNT OF CHECK			

### REMARKS

### UNIT FINANCE COMMITTEE

IF CHECK AMOUNT IS \$200.00 OR MORE, DATE APPROVAL RECORDED IN FINANCE COMMITTEE MINUTES?

REQUIRED APPROVAL	SIGNATURE	DATE
UNIT COMMANDER'S APPROVAL		
UNIT FINANCE COMMITTEE MEMBER APPROVAL		